

TEXT OF RICHARD WOLITSKI'S PRESENTATION (May 29, 2003)

Thank you, David.

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I'm very pleased to be here with you today and to be a part of this groundbreaking collaboration between HUD and the Centers for Disease Control and Prevention. CDC is the lead federal agency that is responsible for protecting the health and safety of the nation. As we all know, housing plays a crucial role in promoting health, and this collaborative study will provide much needed data about the ways in which housing influences the health and well-being of persons living with HIV.

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As a result of improved treatments for HIV, the number of people living with HIV has grown considerably in recent years. The CDC estimates that there are now 850,000 to 950,000 persons living with HIV in the United States. Combination therapy has improved the quality of life for many people with HIV, but it has also presented public health challenges. Federal, state, and local governments have provided unprecedented levels of financial support for services for people living with HIV, but about 25% of people with HIV cannot take advantage of these services because they do not know that they have the virus. Many of those who have tested positive have difficulty accessing high quality medical care and obtaining HIV medications. In addition, some persons with HIV engage in risky sexual or drug-use practices that place others at risk.

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In order to address these challenges, CDC recently announced a new initiative that places greater emphasis on providing services to persons living with HIV. A key element of the initiative is to prevent new cases of HIV by working with people who have been diagnosed with HIV. Prevention with positives has important benefits for people living with HIV, their partners, and the community. These programs can help HIV-positive people by reducing their risk of sexually transmitted infections, improving access to medical care, and improving adherence to care. They can benefit partners by helping HIV-positive people maintain reduced risk practices that prevent the spread of HIV. They also benefit communities by reducing HIV transmission rates, which will decrease the demand for HIV-related medical and social services in the future.

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The Federal Collaboration to Study the Connection of Housing and HIV is designed to answer a number of key questions about the influence of housing and health:

- Does housing reduce risk behaviors that put HIV-positive people at risk for acquiring sexually transmitted infections or transmitting HIV to others?
- Does housing improve the health of persons living with HIV?
  - Does it improve persons' ability to access care?
  - Does it improve adherence to HIV treatment?
  - Does it lead to improvements in health status as measured by CD4 count and viral load?

- How does the length of time that HIV-positive persons stay housed affect their risk behavior and health status?

And finally,

- Is providing housing cost-effective relative to other potential interventions?

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To answer these questions, CDC and HUD are working together with a nationally recognized group of experts to conduct research in 3 communities. The study will take place over a three-year period of time, and involve an overall total of 1,000 persons living with HIV. Each and every person who volunteers to be a part of the study will receive housing and health-related services and be asked to participate in 4 research interviews over an 18-month period.

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The study will be a collaborative effort that draws on the strengths of various partners. Partners in the research include HUD and CDC. Research Triangle Institute, which will coordinate all of the research activities, and researchers at Columbia University and Emory University.

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Obviously, the grantees will also be partners in the research and will be asked to take on a number of important roles. These include:

- Participation on the steering committee that will review study procedures and progress. This will involve a weekly conference call and up to 3 in-person meetings a year.
- Market the study within the agency and in the community so that eligible persons are aware of the study and how they can participate.
- Screen potential participants and document HOPWA eligibility.
- If it is available, provide space for study staff. As funding allows, you may be reimbursed for space provided. If space is not available within your agency, you will be asked to provide input on suitable locations for the study office.
- With clients' permission, provide documentation of services provided to study participants.
- Provide housing referral services to study participants. It is anticipated that up to 2 full-time staff will be supported by CDC to assist in this effort.

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Grantee staff will not be asked to conduct research interviews, intervention sessions, or locate participants for follow-up interviews. All of the research activities will be coordinated by staff from the Research Triangle Institute. RTI will provide technical assistance and have staff on site to conduct all of the research-related activities. At this time, it is anticipated that 5 full-time research staff will be assigned to each of the 3 study sites and will work in close collaboration with the grantee agency.

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In order to be eligible, clients have to:

- Meet HOPWA eligibility
- Be 18 years of age or older
- Speak English or Spanish
- Volunteer to participate in the study and provide informed consent
- Provide documentation of their identity and provide locating information

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355 people will be recruited from each site to participate in study activities. 20 will be recruited to participate in a pilot that will test study procedures. Pilot participants will be followed for a 6-month period. The remaining 335 will be recruited to participate in the full study, and will be followed for 18-months.

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All study participants will receive housing assistance and referrals in accordance with the customary services provided by the grantee agency.

All study participants will also receive two sessions of Health First counseling. The first session will address risk behaviors that place participants at risk of contracting a sexually transmitted infection or passing on HIV. The second session will focus on HIV-related health and participants will have the opportunity to receive their CD4 and viral load results.

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Participants will be eligible to receive one of the vouchers that have been made available for this study. Vouchers will be provided to 50% of study participants through a lottery so that all participants have an equal chance of getting one of the study vouchers.

Participants who do not receive a voucher through the lottery will not be denied housing. They will receive housing referrals and will be eligible to receive housing assistance from all other sources available through the grantee agency or elsewhere in the community.

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Study participants will be asked to take part in 4 research interviews. The first will be a baseline interview that will be conducted shortly after the participant enrolls in the study. The other interviews will be conducted 6, 12, and 18 months after the baseline interview. Participants will be asked at each of these visits to provide a blood sample that will be tested to obtain a CD4 count and an ultra-sensitive viral load. These results will be made available to participants and, if they wish, their medical provider. A referral guide listing medical and social services will be given at each visit. Incentives and travel reimbursements will also be provided.

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This slide shows the anticipated timeline for the study. We expect to begin working with the grantee sites by the Winter of 2003 to build relationships and adapt study procedures to the needs of local sites. The pilot is expected to start in all 3 sites in Spring 2004 and recruitment of study participants is scheduled for the summer of that year. We expect

that participants will be enrolled in the Fall of 2004. According to this schedule, follow up interviews will start in the Winter of 2005, with the last interviews taking place in the Winter of 2006.

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I'd like to end by summarizing what I see as some of the benefits that may come out of this study. There are important benefits to clients, agencies, and policy makers. Persons who volunteer to take part in the study will receive:

- Social service referrals and housing assistance
- CD4 and viral load testing
- Counseling about their health status and how to reduce their risk of acquiring a sexually transmitted infection or transmitting HIV
- Monetary incentives and travel reimbursements
- Half will receive a housing voucher from the study

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In addition to increasing their capacity to provide housing assistance for persons living with HIV, grantees will receive:

- Useful data about the needs and characteristics of their client population that can be used to document unmet needs.
- Findings about the effects of housing on the lives of HIV-positive people in their own community

- An opportunity to work with federal agencies and leading researchers on a Special Project of National Significance.
- In addition to the funds provided by HUD, CDC intends to provide new funding to support two full-time housing referral specialists while the study is taking place.

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There are also important benefits to policy makers and funding agencies. This study will be the most rigorous study that has ever been conducted to examine the connection between housing and the health of people living with HIV. It will provide:

- Evidence regarding the effects of housing on risk-related practices and important health outcomes, and
- Information about the cost and cost-effectiveness of housing as an intervention to improve the health of people living with HIV and prevent the further spread of HIV.

Like HUD, CDC has a long history of working in partnership with local communities.

We look forward to this new partnership and hope that you will take the time to seriously consider the potential benefits of that this study may have for your clients, your agency, and your community. Thank you.